

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION

Beginning Date: JAN 1,2011 Ending Date: 07 2/ 12400. ASS Fill in Reporting Period dates: Type of Report: (Check one) 30 day after election year-end report dissolution 8th day preceding election 8th day preceding preliminary MARCIA JOHNSON Candidate Full Name (if applicable) CYNTHIA KANE Name of Committee Treasurer Office Sought and District BEMIS ST NEWTON MA OLY60 Residential Address Telephone Number (optional): 617 965 4920 Telephone Number (optional): SUMMARY BALANCE INFORMATION: 79.62 Line 1: Ending Balance from previous report -0-Line 2: Total receipts this period (page 3, line 11) 79.62 Line 3: Subtotal (line 1 plus line 2) -0--Line 4: Total expenditures this period (page 5, line 14) 79.62 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) 870.96 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. e. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report Lecrtify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.E. c. 55.

(Candidate's signature)

Marcia

Signed under the penalties of perjury:

John Son

SCHEDULE AS RECEIPTS

MGL vo. 55) requires that the name and residential address be reported in alphabetical order, for all receipts over \$30 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, it additional pages are required to

report all receipts. Please include your committee name and a page number on each page)

	PI 0 A Date Received	1 Names and Residential Address (alphabetical listing required)		Occupation
				- SAR-ZOGAN, MOTE)
				A CONTRACT OF THE CONTRACT OF
		10 P.		
· · · · · · · · · · · · · · · · · · ·	23.00			
	A STATE OF THE STA			
		Control to the state of the sta		
		200 (200 (200 (200 (200 (200 (200 (200	CONTROL OF	Prince of the second se
	g∄.	A Company of the Comp		
L	ine 9: Total Receip	ts over \$50 (or listed above).		
828	A STATE OF THE STA	ots \$50 and under* (not listed above)	Maria Cara Cara Cara Cara Cara Cara Cara	
13.00	ine 11: TOTAL RI	CEPTS IN THE PERIOD	202 C	€ Enter on page Uline 2

If you have itemized receipts of \$50 and under, include them in line 9. Units 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
The state of the s			
(All and Property of the Control of			
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	[- D -	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

«SCHEDULE B: EXPENDITURES

MGL:c=55trequires committees to distrin alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures but need only itentize (bose over \$50). Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

	Date Paid	To Whom Paid (alphabetical listing)	Address	7.0	s are required to
		2000		Purpose of Expenditure	Amount
10.00	Service Constitution	Assertion and the second transfer of the seco			
		The state of the s			
11 to 12 to			Contract to		
	W. C.		Company of the Compan	a de la companya de l	
			and the second		
Ī					
			Street of the con-		
	200		A STATE OF THE STA		
13,400	Secretary of the	gradient of the second	The State of		M Norman
全要是					
			ine. 12: Total Expenditures over		Salasa salasa Salasa
			ine 13: Potal Expenditures \$50 a		
I	you have itemiz	ed expenditures of \$50 and under an	clude them in Jine 12. Line 18 char	Bindrik at a	<u>-0-</u>

lude only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2.54.00 201-570				
Section 1				100
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				The are
		Line 12: Expenditures over \$50 (or listed above)		
	Enter on page 1, line 4 →	Line 13: Expenditures \$50 and under* (not listed above)		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and uncluded in line 116 on page 11.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
The state of the s				value
			A Company of the Comp	
			EXAMPLE	
			The second of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	\$ 1.00 PM 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
				and the second
	and the second s		And the second s	
St. St. St. St.			State of Section 1	identification
		Let a consider the constant of		
		Section 1972	And the second	in the second
			ante de la companya d	
90 P P P P P P P P P P P P P P P P P P P				
				315 (3500)
		ine (1521m Kind Confributions o		
		ine locan-Kand Consibusions Se		
	Enter on page il dine 6 → L	ine 17: TOTAL IN-KIND CO	TRIBUTIONS	-9

If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year. You must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
7/2/99	Howard To Husan	39 BEMIS ST NEWTON	BALLOONS +	112.25
7/22/99	HOWARD JOHNSON	39 BEMIS ST NEWTON	COPIES, KAOGES MARKER S	4%71
10/28/99	Howard Tothuson	39 BEMIS ST NEWTON	NEWS PAPER AOVERT	714.00
				3-4
3.8				
4.63		0.79-3		
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	Anding Liabilities (all)	870.96